



# City of Flagstaff Recreation Division 2010 Adult Volleyball Official Roster

MANDATORY MANAGER'S MEETING 6PM Thursday, September 2nd @ THE FLAGSTAFF  
AQUAPLEX

**Please print all information clearly.** A minimum of six (6) players from your team is required to be listed on the roster to register a team.

**LEAGUE SELECTION: PLEASE SIGN UP ACCORDING TO TEAM SKILL LEVEL.**

Circle One:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Coed B	Women's B	Men's A/B	Women's A	Coed D	Coed C
Coed E	Women's C				
Coed G					

Previous League & Team Name: \_\_\_\_\_ Previous Year's Record: \_\_\_\_\_

**TEAM INFORMATION:**

Team Name: \_\_\_\_\_

**PRIMARY CONTACT/MANAGER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**SECONDARY CONTACT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**TEAM ROSTER** (Required: *First & Last Name*. Please include T-Shirt size. *Only 1<sup>st</sup> Place Team will receive*):

	(T-Shirt Size)		(T-Shirt Size)
1. _____	( )	7. _____	( )
2. _____	( )	8. _____	( )
3. _____	( )	9. _____	( )
4. _____	( )	10. _____	( )
5. _____	( )	11. _____	( )
6. _____	( )	12. _____	( )

(Please list any additional players on other side!)